

**SECOND ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

GADSDEN CORRECTIONAL FACILITY

for the

Physical and Mental Health Survey
Conducted May 14-15, 2014

CMA STAFF

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CAP Assessment Distributed on April 27, 2015

CAP Assessment of Gadsden Correctional Facility

I. Overview

On May 14 - 15, 2014, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Gadsden Correctional Facility (GCF). The survey report was distributed on June 4, 2014. In July 2014, GCF submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the May 2014 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. In October 2014, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on November 17, 2014 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 29 of 38 physical health findings and 17 of 19 mental health findings were corrected. In March 2015, CMA staff again requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site assessment on April 21, 2015. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 9 of the 9 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<u>CARDIOVASCULAR CLINIC RECORD REVIEW</u> PH-1: In 6 records of 17 records reviewed, the baseline information was incomplete or missing.	PH-1 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-1.

Finding	CAP Evaluation Outcome
<u>IMMUNITY CLINIC RECORD REVIEW</u> PH-15: In 5 of 8 applicable records (10 reviewed), there was no evidence of hepatitis B vaccine or refusal.	PH-15 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-15.

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC RECORD REVIEW</u></p> <p>PH-17: In 15 of 15 records reviewed, baseline information was incomplete or missing.</p>	<p>PH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC RECORD REVIEW</u></p> <p>PH-24: In 1 record of 2 records reviewed, baseline information was incomplete or missing.</p>	<p>PH-24 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-24.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC RECORD REVIEW</u></p> <p>A comprehensive review of 1 inmate record revealed the following deficiencies:</p> <p>PH-27: In 1 record, baseline information was incomplete or missing.</p> <p>PH-28: In 1 record, there was no evidence of initial and ongoing education to include treatment compliance and risk factor reduction.</p> <p>PH-29: In 1 record, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition.</p>	<p>PH-27, PH-28, & PH-29 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-27, PH-28, & PH-29.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS RECORD REVIEW</u></p> <p>PH-33: In 11 of 12 applicable records (15 reviewed), there was no evidence of the new diagnosis on the problem list.</p>	<p>PH-33 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-33.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></p> <p>PH-35: In 3 of 12 records reviewed, all medication orders were not signed, dated, and/or timed by appropriate staff</p>	<p>PH-35 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-35.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 2 of 2 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-2: In 2 of 7 SHOS admissions reviewed, there was no evidence the attending clinician conducted a face to face evaluation prior to discharge from SHOS.</p>	<p>MH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-13: In 6 records of 18 records reviewed, identified problems were not listed on the problem list.</p>	<p>MH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-13.</p>

IV. Conclusion

All physical and mental health findings are closed. All outstanding issues related to the CMA survey of GCF are adequately resolved and no further action is required.